

Application or Docket Number

Effective October 1, 2000

31083.05P1/2

CLAIMS AS FILED - PART I							SMALL ENTITY				OTHER THAN	
			(Column 1)		(Column 2)		]	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS 3					3.0			RATE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3 minus 20=		. 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		· Ø			X40=		OR	X80=	-
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0"						olumn 2	į	TOTAL		OR	TOTAL	710
	C	LAIMS AS A	MENDED	- PAR	T II			+		•	OTHER	THAN
		(Column 1)		(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	T CLAINA	]=		X40=		OR	X80=	
	ringi FRESE	NIATION OF INI	OLITPLE DEF	CINDEN	CLAIM		]	+135=		OR	+270=	
		TOT/ ADDIT. FE								OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT B	Total Control of the	CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	ENDEN	CLAIM		1	+135=		OR	+270=	
							L	TOTAL			TOTAL	
							Δ	DDIT. FEE		OR	ADDIT. FEE	
_		(Column 1)	400000		mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	d d	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL 1111	]=	11	X40=		OR	X80=	·
	FIRST PRESE	NTATION OF M	OLTIPLE DE	'ENDEN	CLAIM		<b>1</b>	+135=			+270=	
	If the entry in colu	mn 1 is less than t	he entry in colu	ımn 2, writ	te "0" in co	: lumn 3.	L			OR		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL  ADDIT. FEE  ADDIT. FEE												
		nber Previously Pa					er fou	nd in the app	ropriatę box	in co	lumn 1.	